



TOWN OF BEDFORD
APPLICATION (RENEWAL) FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

DATE:

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____ Telephone _____

MAILING ADDRESS (if different): _____

NAME & TITLE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

NAME OF OWNER (if different from applicant): _____

If corporation or partnership, give name, title and home address of officers or partners:

Name	Title	Home Address

State of Incorporation _____ Name & Address of Local Agent _____

Emergency Response Person: Name _____ Phone _____

Type of Establishment	Fee	Amount to be paid
Retail (Sm. Scale Retail \$20.00)	\$150.00	\$ _____
Food Service (based on number of seats)	\$150.00 (0-100) \$250.00(101-200) \$350.00 (201-299) \$450.00 (300-399) \$550.00 (400-499) \$600.00 (500 & over)	\$ _____
Caterer	\$75.00	\$ _____
Residential Kitchen	\$50.00	\$ _____
Frozen Dessert Manuf.	\$25.00	\$ _____
Temp. Food Establish	\$25.00	\$ _____
Supermarket	\$300.00	\$ _____
Function Hall	\$75.00	\$ _____
Mobile	\$50.00	\$ _____
Day Care	\$25.00	\$ _____
TOTAL		\$ _____

If Restaurant, Number of Seats _____

Person(s) Trained in Anti-Choking Procedures (if 25 seats or more) Yes____ No____

Additionally I attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with MA Food Code (105 CMR 590.000) and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of MA Food Code (105 CMR 590.000), 1999 Federal Food Code and MA DPH Guidance for Emergency Action Planning for Retail Food Establishments.

Signature of Applicant _____

Pursuant to M.G.L. Ch.62C, sec. 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security or Fedral ID Number _____

Signature of Individual or Corporate Name

by _____
Corporate Office (if applicable)

Payment is due with Application. **Check payable to: TOWN OF BEDFORD**

Expiration Date: **FEBRUARY 28, 2013**

PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE # OF COMPANY PROVIDING CLEANING OF GREASE TRAPS.

(If Applicable): _____